

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) William Portman, E 231787
(Name of Plaintiff) (Inmate Number)
P.O. Box 500 Georgetown,
DELAWARE, 19947
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) Correctional MEDICAL SERVICES
(2) JILL MOSSE R
(3) MEDICATION Reordering Nurse #1
(Names of Defendants) JANE DOE

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

08 - 030

(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NONE

N/A

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

ADDITIONAL DEFENDANTS

(4) MEDICATION Reordering NURSE, HEATHER, LAST NAME UNKNOWN.
Medical would NOT Disclose NAMES OF NURSES at THIS Time.

(5) RICHARD KEARNEY

(6) STAN TAYLOR

(7) MICHAEL DELOY

(8) CARL DANBURG

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • ☒ Yes • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • ☒ Yes • No
- C. If your answer to "B" is Yes:

1. What steps did you take? SCI MEDICAL GRIEVANCE
procedure AND Appeal
2. What was the result? JILL MOSSEY, Decided to Take away
my (K.O.P MEDS). AND TO HAVE ALL MEDICATIONS
Nurse Administered, this did not solve Lapse of medication problem,

- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Correction Medical Services
Employed as Health care providers at Sussex Correctional Institution
Mailing address with zip code: C.M.S 12647 Olive Boulevard
St. Louis, MO 63141
- (2) Name of second defendant: MEDICAL Will NOT Disclose NAME!
Employed as Med Reordering nurse at Sussex Correctional Institution
Mailing address with zip code: P.O. Box 500
Georgetown, DE 19947
- (3) Name of third defendant: JILL MOSSEY
Employed as MEDICAL, STAFF at Sussex Correctional Institution
Mailing address with zip code: P.O. Box 500
Georgetown, DELAWARE 19947
(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. Medication reordering Nurse's failed to obtain
MEDICATION'S for Life Threating disease treatment
ON these following Dates: 9-13-05 to 11-29-05
ALL MEDICATIONS from 10-05-05 to 11-28-05
ALL MEDICATIONS from 12-19-05 to 1-11-06
2. JILL Mosser, FALSIFIED written Statement ON
medical Grievance form # 585, and took away
MY KOP MEDICATION (Keep. ON. Person), WHICH did not
Change Lapses IN medications perscribed. This
Was at medical Grievance Hearing ON 1-12-06.
3. _____

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I would Like My perscribed medications at
Their perscribed Days and times without
Lapse's.

2. I would like to be compensated for any lost
work pay on all Grievances filed due to
lapse of medications or and compensated equal
to Hourly Wage IF Filed from Job Due to lapse in
medications until I obtain Job of equal Hourly Wage.
3. My life was put in jeopardy numerous times. I
would like C.M.S to compensate me in the amount
of \$760,000.00, in which I could of made
in a life time.

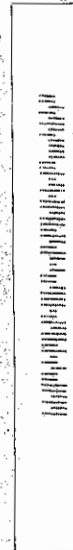
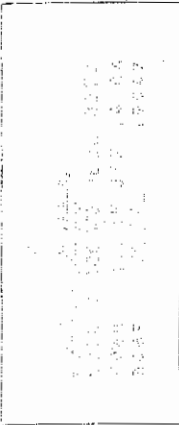
I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10th day of JANUARY, 2008.

William Edgar Hartman
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)



U.S.M.9
X-RAY

TO CLERK US DISTRICT COURT
LOCAL BOX 18
844 N. KING STREET
WILMINGTON, DELAWARE
19801

1/M: William Hartman BLDG. 1920-B
SUSSEX CORRECTIONAL INSTITUTION
P.O. BOX 500
GEORGETOWN, DELAWARE 19947